ئے	hder the Paperso	ork Reduction Act	al 1995, n	persons are req	ulred to respon	to a col	laction of in	formation certs	es il dispi	ays a valid OMB	cordrol number.	
PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-673							IN RECORD .			100 of Doctor N	umber	10/65 3249
CLAIMS AS FILED - PART I (Column 2)							SMALL	ENTITY,	10/	653074	R THAN ENTITY	1965 34 17
FOR MUMBER FOLED NUMBER EXTRA					RATE	FEE	1	RATE	PEE	1		
BASIC FEE () 7 CFR (1.46))						,	OR	- Mark	1.			
	TAL CLASIS OFR 1.16(c))		minus 20 o		•				08	× .		1
	CFR 1.16(01)	MS	minus 3 =		•			 	OR OR	X S	 	1
MARTIPLE DEPENDENT CLAIM PRESENT (27 CFR 1.16/6))						•		·	000		 	
* If the difference in column 1 is less than zero, enter "O' in column 2.						_		 	1	<u> </u>	 	
CLAIMS AS AMENDED - PART II							TOTAL	t	OR	TOTAL		·
	. C	LAIMS AS AN	KENDED	- PART II					•			
(Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR		R THÀN ENTITY		
A TA		CLAIMS REMADIENG AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE .	ADDI- TIONAL		RATE	ADO+ TRONAL	
OMENT	Total to ora valora	AMENOMENT	Minus	" 7D	· /	\vdash		FEE	ł	<u> </u>	FEE	
END	Independent (II O'R LYROS		Minus	# 3	. /	<u>*</u>	<u> </u>		OR	X 5 •	/	
AM						<u>*</u>	<u></u>		OR.	× 1=	/	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.12(4))						بيا	TAL .	· ·	OR	+5		
							OL FEE		OR	ADD'L FEE		
<u>.</u>		(Column 1)		(Column 2)	(Column 3)							
N B		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE .	ADDI- TIONAL	
Ž	Total CP CFR LIGHTS	6	Minus	"71)	•	×		FEE			FEE /	
AMENDMENT	Independent (SF CFR 1,4658	• /	Mirus	- 3	- /	X S			OR OR	x \$ -	/-	
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASS (\$7 CFR 1,1660)											. /	
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	1 10	(Column 1) . CLAIMS		(Catumn 2) HIGHEST	(Cotumn 3)	_	 -	· · · · · ·	1			
ENTO	of 16100	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY' PAID FOR	PRESENT EXTRA	'	RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE/	,
蓋	Total GP OFR 1,16(CE)		Minus	10	• /	x 1	1		OR	x s=	7	•
AMENDM	Andeparations (SF CFR 1.16(S))	• [Minus	. ろ	• /	· 🔀			OR	XS -	-/- -	
FIRST PRESENTATION OF MULTIPLE DEPCNOBIT CLAIM (ST CFR 1.18(d))						+,	— .		OR	+ •	_/	
							TAL D'L FEE		- '	TOTAL	- 	
	of the entry in co	fumn 1 is less tha	in the entry	in column 2 with	e V in column :				OR	ADD'L FEE		

The "righest Number Previously Paid For" it THIS SPACE is less than 3, enter "20".

The "righest Number Previously Paid For" it THIS SPACE is less than 3, enter "3".

The "righest Number Previously Paid For" it THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For" (Total or Independent) is the highest number bound an the appropriate to contact the Contact that the Cont

If you need exsistence in completing the form, call 1-800-PTO-9199 and select option 2.